DOCUMENT RESUME

ED 120 460 CE 006 756

AUTHOR	Memory, David; Lamarre, Marilyn
TITLE	Health and Medical Care: A Functional Content Unit.
INSTITUTION	Georgia Univ., Athens. Regional Adult Literacy Service Unit.
PUB DATE	75
NOTE	44p.; For related documents, see CE 005 518, CE 006 140-149 and CE 006 754-758
AVAILABLE FROM	Dr. Robert A. Palmatier, Reading Department, 309 Aderhold Building, University of Georgia, Athens, Georgia 30602 ($2.00)
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Adult Literacy; *Adult Reading Programs; *Health Education; Health Services; Learning Activities; Lesson Plans; *Medical Services; Preventive Medicine; *Reading Instruction; Tutorial Programs; *Tutoring; Unit Plan; Welfare Problems
IDENTIFIERS	*Tutor Support Library

ABSTRACT

The functional content unit on health and medical care is part of a system developed for tutor training and support for adult literacy programs. A key component of the system is the Tutor Support Library, consisting of Instructional Concept Guides (designed as training and reference aids for tutors) and Functional Content Units (intended to help tutors combine reading skill instruction and support in the area of life-coping skills). The unit, which provides suggestions for studying health and medical care while improving reading ability contains: an introduction, a list of critical vocabulary terms, a detailed outline of information and suggestions to assist the tutor in organizing and keeping track of topics covered, and a description of materials related to the topic. A brief discussion describes the way reading skills can be developed through the functional content. A sample lesson combines reading skills and functional skills to demonstrate how tutoring might be approached. Other instructional ideas with references to teaching and resource materials appear at the end of the unit. The guide also includes a reference list (student materials and tutor references) and sample hospital record forms. (Author/MS)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED120460

RALSU

TUTOR SUPPORT LIBRARY

HEALTH AND MEDICAL CARE

A Functional Content Unit

by

David Memory
Marilyn Lamarre

© 1975

Not to be reproduced without
written permission

"PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL BY MICROFICHE ONLY HAS BEEN GRANTED BY

Robert A. Palmatier

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER."

Regional Adult Literacy Service Unit

A Right to Read Community Based Project

309 Aderhold Building
University of Georgia
Athens, Georgia
30602

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

CE 006 756

THE FUNCTIONAL UNIT

Illiteracy is not an isolated problem facing adult Americans. More often, it is one of many problems confronting them. Their need to learn life-coping skills such as finding jobs, obtaining health services and avoiding credit pitfalls is very great. At first, these needs may be more important than their need to learn to read.

Meeting social and human needs is critical to the development of a trusting, student-oriented, tutoring relationship. Reading skills, however, should not be neglected. Many times, topics which interest students increase their enthusiasm and efforts in learning to read. Most often, life-coping skills information can be presented along with reading skills. They can be used as a source of material for practicing reading skills.

The Functional Content Units of the TUTOR SUPPORT LIBRARY are intended to help tutors combine reading skill instruction and support in the area of life-coping skills. The Units first summarize vital functional content information and vocabulary. A brief discussion follows and describes the way reading skills can be developed through the functional content. A sample lesson combines reading skills and functional skills to demonstrate how tutoring might be approached. Other instructional ideas with references to teaching and resource materials are included at the end of the Units.

CONTENTS

Introduction to the Unit 1

Critical Vocabulary 4

Outline of Information and Suggestions 5

Ways to Cut Down on the Need for Medical Care 6

Relying on prevention to cut down on the need for medical care 6

Relying on early detection and diagnosis to cut down on the need for medical care 9

Things the Individual Can Do to Deal with Health and Medical Problems Himself 9

Recognizing health and medical problems 9

Administering first aid 12

Dealing with common ailments 14

Ways to Improve the Care Received from Medical Personnel . 16

Becoming better informed 16

Choosing doctors and hospitals 17

Dealing with medical personnel 19

Using the rights of patients 20

Ways to Cut the Cost of Medical Care Received 22

Being open about concern over cost 22

Saving on prescription drugs 23

Ways to Obtain Medical Care when the Individual Cannot Afford to Pay for It 24

Taking advantage of Medicaid and Medicare 24

Using public-supported medical care facilities . . . 25

Attempting to get services that cost when the individual cannot pay 26

Materials Related to the Topic 27

Reading Skill Correlations 28

Sample Lesson Activities: Tutoring Session Lesson Plan . . . 30

Ideas for Follow-Up Lesson Activities 34

Other Resources 34

Student Materials 34

Tutor References 35

HEALTH AND MEDICAL CARE

Introduction to the Unit

Maintaining good health and dealing with medical problems are tasks everyone must face. Health care problems are often so complex that professional assistance is needed to solve them. Fortunately, the American medical profession delivers some of the best medical care in the world. How an individual profits from it depends on his actions.

No one can deal adequately with all health-related problems. The human body and its afflictions are very complicated, and good medical care involves the help of many participants and procedures to be effective. An individual must cooperate with the system in order to obtain its benefits. He must understand that health and medical care are not the sole responsibility of professionals. If he neglects to inform himself, he often suffers the consequences of his lack of knowledge.

If he has a health problem, he may not know if it can be treated effectively. Consequently, he may continue to suffer, needlessly. He may not know when he is causing or contributing to a health problem. He may fail to choose the easiest and least expensive way to remedy it. Sometimes, a common health problem can be handled as effectively by an individual as by a doctor. Having little

knowledge of how ailments should be treated can create unnecessary expense and inconvenience or can further complicate them for an individual as well as others.

Individuals who are poorly informed about health and medical care often delay responding to problems until they have become urgent. This can mean that the attention given is too late to do much good. If an individual waits too long, he may be unable to find and receive care quickly enough to deal successfully with the problem. Even if he is able to obtain care in time, he may discover it is not of the best quality. Also, if he waits for problems to become urgent, he may not have a chance to provide medical personnel with the important background information that makes quality care more likely. He may not even have time to evaluate alternatives. When he delays he must face the possibility that the care he receives will be more expensive than what would have been necessary, if he had acted sooner. Cure is usually more expensive than prevention. Emergency care is often the most expensive of all.

There are great disadvantages in being poorly informed about health and medical care. Many doctors and other medical professionals assume that patients need to know very little about the services they receive and about the problems which make the services necessary. A patient must remember that it pays to ask questions. All too often, he does not know what questions to ask. He also faces the difficulty of determining and evaluating the quality of care he receives.

Another disadvantage of being poorly informed relates to present circumstances. There are now fewer family doctors in practice.

With increased specialization an individual has less chance to develop a long-standing, trusting relationship with a family doctor. The best family doctors have always tried to monitor the health of their patients and to make decisions with an individual's best interests at heart. For a number of reasons this is now much more difficult. As a result, many more patients are referred to specialists, who sometimes treat a problem rather than a human being.

The defensive response of doctors to consumerism, malpractice suits and criticism of medical care presents other problems. Some doctors now assume their patients have little trust in them. With these patients they may be very cautious --- especially when these patients seem to be well informed. Doctors may be overly concerned with their legal obligations and responsibilities rather than with providing the care and attention an individual expects. Poorly informed patients are usually unprepared to detect or correct these attitudes.

The patient whose fees are paid for by private health insurance, Medicare or Medicaid faces other problems. He is sometimes treated hastily or receives rushed care. Often, patients who do not pay directly for their care tend to be unaware of its quality. The combination of hasty care and uncritical patients can produce service of low quality.

Finally, some doctors recommend or perform unnecessary procedures in trying to justify their reputations. Poorly informed patients are more likely to be subjected to these practices and are, usually, less able to question them.

Even a thorough understanding of health and medical care is no guarantee that an individual will be able to counteract these tendancies. Both the forces of nature and of the American medical profession are too complicated and too powerful to be manipulated easily by an individual. The best he can hope for is to minimize the disadvantages which the lack of information creates.

This guide to health and medical care is offered as a source of topics and reference materials for interested students. A basic vocabulary list is provided, as well as an outline of information and suggestions. Resource books are mentioned which can be used to obtain the detailed, expert information that will interest most students. In the guide suggestions are made for combining the study of health and medical care with the development of reading skills. A sample lesson on heart attacks follows these general suggestions. Finally, there is a short list of student materials and a longer one of tutor references.

Critical Vocabulary

The questions that each student chooses to investigate in detail will dictate some of his vocabulary needs in this area. The tutor will identify such essential words through discussions and language experience articles. He will probably want to teach those words as they appear. Nevertheless, there are certain words which are found throughout discussons on health and medical care that should

be taught, whether or not they are used by the student in his discussions and articles. Some of these basic health and medical terms are included in the following list:

accident
administer
admitting
ailment
anemia
anesthetic
aspirin
bandage
bleeding
blood
breathing
burn
cancer
chronic
clinic
compensation
complication
confidential
consult
coverage
cure
detection
diabetes
diagnosis
diarrhea
disease
doctor
drug
emergency
examination
exercise
fatigue
feces
fever
generic
hazard
headache
health
heart
hospital
hospitalization
illness
immunization
indigestion
infection
inflammation
insurance
jaundice
Medicaid
Medicare
medicine
nausea
nurse
nutrients
nutrition
pain
patient
pharmacist
physician
poison
prescription
prevention
privacy
procedure
quality
remedy
rescue
resistance
safety
sanitation
shock
specialist
stomach
surgery
symptom
syphilis
temperature
thermometer
throat
treatment
tuberculosis
urine
victim
virus
vomit
wound

Outline of Information and Suggestions

The following outline of information and suggestions can be used to organize and to refer to topics discussed during sessions with the student. The tutor's obligation is to find out which topics interest the student. To an extent the tutor will have to

draw out or build interest. The outline is designed to aid in that process.

Ways To Cut Down on the Need for Medical Care

I. Relying on prevention to cut down on the need for medical care.

A. Little is known about many common diseases. Even so, enough information about killers such as cancer and heart disease make it worthwhile to investigate them. Whether the medical profession does enough to inform the public of ways to prevent diseases or whether industries often try to cover up information that might hurt sales, the burden is still on the individual to try to keep himself informed and to put that information to good use. Books such as The People's Handbook of Medical Care and The Family Medical Encyclopedia can be used for this purpose. Health, Safety, and Sanitation discusses the prevention of chronic illnesses.

B. Immunizations are still an important means of preventing disease. However, what is available and what is recommended change from time to time. An individual should check periodically with his doctor, with the city or county health department or with a neighborhood health center to find out what immunizations he and the members of his family should get. A schedule of currently recommended immunizations can be found in The Consumer's Guide to Good Health.

C. It is a well-accepted idea that a varied diet is an important means of maintaining good health. The human body has its own

systems for protecting itself from disease and the consequences of injury. These systems require the nutrients provided by a balanced diet. Exactly what makes up a balanced diet is at least partly a matter of opinion. Two books that could be used to investigate nutrition further are The Family Guide to Better Food and Better Health and Let's Eat Right to Keep Fit. These books represent contrasting points of view.

D. Another means of maintaining good health is through regular exercise. There is little doubt that efforts to stay physically fit help keep the heart and circulatory system healthy and also help control weight. There is evidence too that exercise can relieve tensions, contribute to sounder sleep and make bones stronger. But, as in the area of nutrition, a lot of unsupported claims have been made regarding exercise. Books that could be used to answer specific questions and provide further suggestions are Aerobics and Aerobics for Women.

E. Getting adequate sleep and rest is an important means of maintaining good health. Fatigue is known both to lower an individual's resistance to illnesses and infections and to increase his chance of having an accident. The amount of sleep required varies from one individual to another and according to circumstances. Different people have different ways to help themselves fall asleep. In general, though, efforts to reduce stimulation of the body and brain and regular sleeping habits are the best ways to insure sound sleep. A book that can be used for further information is Everything You Want to Know about Sleep.

F. Eliminating conditions that allow germs to spread is another way to prevent illnesses and infections. In some areas of the world, proper home sanitation is a major goal of public health officials. In the United States proper sanitation results mainly from governmental efforts, from the use of modern appliances and from good personal health habits. The individual who has a problem with uncollected garbage, rats or other unsanitary conditions should contact the local housing or health department. Consulting a doctor or a book such as The Family Medical Encyclopedia can provide suggestions for stopping the spread of specific diseases. The general topic of home sanitation is discussed in Health, Safety, and Sanitation.

G. Personal safety is another way to cut down on the need for medical care. Some accidents are indeed beyond the control of the victim. But most result from carelessness, inattention or lack of forethought. Tips on safety can be found in Standard First Aid and Personal Safety and in Health, Safety, and Sanitation.

H. The prevention of work-related injuries and diseases is another area of concern. Compensation is available for most victims, but prevention is far better. The Occupational Safety and Health Act was designed to deal with the hazards that American workers face. Enforcement of safety and health regulations, though, depends partly on alertness and on the efforts of the individual. Possible hazards to the safety and health of workers should be reported to the state or regional office of the Occupational Safety and Health Administration. Further information in this

area can be found in Work Is Dangerous to Your Health.

II. Relying on early detection and diagnosis to cut down on the need for medical care.

A. A preventive health checkup is one way to detect health problems before they have caused a lot of damage. Yearly checkups are recommended for individuals over thirty-five. An individual may be able to get regular checkups where he works. Otherwise, he should contact the local health department or a neighborhood health center about the possibility of an examination. The preventive health checkup is disucssed in The Consumer's Guide to Good Health and in Health, Safety, and Sanitation.

B. Another way to detect health problems is through health-screening tests. These programs are designed to check as many people as possible for a specific disease. Diabetes, syphilis, tuberculosis, heart disease, sickle-cell anemia and certain types of cancer can be detected with relatively easy screening. An individual should be alert for notices of such programs and should check occasionally with the local health department about them. These tests are discussed in The Consumer's Guide to Good Health.

Things the Individual Can Do to Deal with Health and Medical Problems Himself

I. Recognizing health and medical problems.

A. Not everyone can diagnose correctly and safely, but each individual must make the initial efforts to deal with diseases and

injuries. If an individual acts incorrectly, he may have to face unfortunate consequences. If he fails to act or acts too late, he may make his condition worse. The role of the individual in assessing problems is particularly important because most health insurance does not pay for prevention and diagnosis, only for cure. Therefore, an individual with little money to spare wants to be sure that his problem can and should be treated before he decides to see a doctor. He should not rely solely on his own ideas or limit himself to single interpretations. Several basic symptoms appear in varied combinations with different diseases and injuries. Because of a tendancy to notice certain symptoms and overlook others, incorrect self-diagnoses are common. This is an area in which the type of information found in The People's Handbook of Medical Care can be of particular importance to the individual.

B. There are several symptoms that the individual should be able to recognize, evaluate and report accurately to a doctor. Symptoms are also covered well in Health, Safety, and Sanitation.

1. Pain is usually the first and often the best way to know that something is wrong. Indeed, it appears that man experiences pain because it informs him that some condition needs to be corrected. Usually, it is the symptoms which appear along with pain which indicate whether the individual can afford to try to ignore the pain. But if pain persists, even when other symptoms are not apparent, an individual should consult a doctor. Pain should be dealt with but not in such a way

that the individual forgets that there is probably a more serious problem to be treated. The individual should be able to tell a doctor how the pain began, how sharp and how constant it was, how it felt, where it was, what made it better, what made it worse, and how long it lasted.

2. Fever is often a sign that the body is trying to deal with a problem. Therefore, an individual should have at least an oral thermometer available to check body temperature. Though fever is a symptom, it is also a problem. If it gets above 103°, an individual should use aspirin and sponge the body with cold water or rubbing alcohol.
3. Although it usually serves to clean an individual's breathing apparatus, coughing can be a symptom of something serious. If the cough persists or produces blood, it should be reported to a doctor.
4. Difficult or irregular breathing not caused by strenuous exercise can be a symptom of a serious problem.
5. Bleeding or the presence of blood in sputum, vomitus, urine or feces can be a serious symptom. It should not be neglected. Losing blood is a problem in itself. An individual should try to deal with it immediately.
6. Unconsciousness and alterations in consciousness, such as unexplained sleepiness, dizziness, confusion or delerium are often symptoms of problems that must be treated by a doctor. An individual experiencing one of these problems should not be left alone.

7. An unusual rate, rhythm or force of heartbeats can be a sign of a serious problem.

8. Nausea, vomiting and diarrhea are problems in themselves but are sometimes also signs of more serious conditions.

9. An infection that will not heal can be a symptom of something more serious, and in any case, should be treated properly by medical personnel.

10. The development of lumps under the skin should be noticed and reported to a doctor.

11. An unexplained loss of weight is often a sign of a more serious problem.

12. If the skin or the whites of the eyes show a yellow tint, the condition is called jaundice. This is often a symptom of a disease and should be reported to a doctor.

C. The individual himself must finally make the decision of whether to go beyond the self-treatment of symptoms. There are no clear-cut guidelines to use in making this decision, but two things are worth keeping in mind. Often the appearance of several symptoms together indicates that a doctor should be consulted. And the persistence of a single symptom or a group of symptoms is frequently good reason to seek medical care.

II. Administering first aid.

A. The decision to administer first aid can be a crucial one. Properly administered first aid can mean the difference between life and death, between temporary and permanent disability or between rapid recovery and long hospitalization. When the heart or

breathing has stopped or when a person is in shock, minutes or even seconds make a difference. However, negligently administered first aid can complicate the problem and even produce a lawsuit. An individual who administers first aid can be sued just as can a doctor for doing harm because of a failure to use good judgement and common sense.

B. Everyone should have at least an elementary understanding of first aid. Standard First Aid and Personal Safety, prepared by the American National Red Cross, is the basic reference for use by the general public. This topic is also covered well in Health, Safety, and Sanitation. There are several general principles at the heart of basic first aid.

1. When it becomes apparent that a person needs quick medical assistance, emergency personnel should be notified immediately. If this is impossible, the following measures should be carried out before further efforts are made to get help.
2. First, a prompt rescue is required. The individual must get the accident victim out of the water; out of the fire; out of the enclosure containing carbon monoxide, smoke, or other harmful fumes; or out of whatever danger further threatens his life.
3. Next, he must be sure that the victim has an open airway and should give mouth-to-mouth or mouth-to-nose artificial respiration, if necessary. An important technique that can be used along with artificial respiration is cardiac massage. It is not covered well in the Red Cross manual but is described

in The People's Handbook of Medical Care.

4. Severe bleeding must be controlled, preferably by direct pressure on the wound.
5. The individual should then, if necessary, give first aid for poisoning or the swallowing of harmful chemicals. The first thing to do is to dilute the poison with water or milk. If the poison does not cause burning, the individual should get the victim to vomit by tickling the back of his throat.
6. He should keep the victim warm and still until emergency personnel arrive.
7. Other steps taken should be determined by the individual's knowledge of first aid techniques.

III. Dealing with common ailments

A. There are certain common ailments that can easily be treated at home. The individual should know how to recognize them and how to distinguish them from more serious ailments that doctors should treat. Because they are so common and so difficult to eliminate entirely, they should be understood by the individual so that he can deal with them at home. A good source of information on this topic is The People's Handbook of Medical Care.

B. That these and other more serious ailments are so common and troublesome has produced a great demand for remedies. This demand has led to the development and sale of many products which supposedly cure or relieve these problems. There are hundreds of ineffective and even dangerous products on the market. The quality of the products varies considerably. Local, state and

federal agencies have great difficulties in trying to protect the public from false claims and dangerous remedies. The individual concerned about his health and his pocketbook is advised to take care in choosing such drugs and treatments to replace professional medical advice and assistance.

There are several things to consider when evaluating such products. If a drug treatment is advertised as secret or if it is not made available to medical personnel, its effectiveness and safety should be questioned. Secretiveness often indicates that the seller is more interested in making a quick and easy profit than in providing an effective remedy for the public. Extensive advertising, particularly with case histories and testimonials, is often an indication that hard facts, professional acceptance, and general public satisfaction are missing. An individual should be especially wary of claims to cure cancer, diabetes, heart disease and other chronic diseases. It is not uncommon for a desperate individual to pass up competent professional care while he waits for a "quick cure" to do its work. All too often, the disease is what has time to take its course.

Additional and more specific information to aid in choosing over-the-counter drugs can be found in The Medicine Show.

C. Even if the individual has found an inexpensive and effective drug, he should keep several cautions in mind. He should take seriously the warnings shown on the label. Drug manufacturers do not look for ways to frighten potential buyers. When warnings are given, there are defininte reasons for them. They should

be read and followed carefully. The user of a drug should also remember that no drug should be used over an extended period of time without a doctor's advice. Most over-the-counter drugs only relieve symptoms, if they do that. When his symptoms are relieved, an individual tends to forget the real cause of his trouble. If his problem persists, he should consult a doctor rather than continue to take the drug. He should also remember that several different drugs can combine to produce undesirable effects that no one drug alone would produce. Therefore, the individual should consult a doctor or a pharmacist before he begins taking several drugs at the same time.

Ways to Improve the Care Received from Medical Personnel

I. Becoming better informed

A. For several reasons it pays to have a general understanding of health and medical problems. An individual can provide more useful information to the medical personnel dealing with those problems. Also, medical personnel often have greater respect for individuals who show a general understanding of health and medical care and, as a result, tend to provide better care for them.

B. It is worthwhile, as well, for the individual to become informed about specific problems that afflict him and his family. This enables him to provide more useful information to the medical personnel. It also helps him to better monitor the care being given and to show the medical personnel that laxness will not

go unnoticed. This alertness usually produces more conscientious care.

C. One of the most direct ways for the individual to become informed about health and medical care is through discussions with his doctor. Unfortunately, many doctors feel that it is not their role to educate patients, or they do not voluntarily take the time to provide helpful information. If an individual wants such information, he must convince the doctor that it should be provided.

D. An individual must be well-informed in order to receive first quality care. The medical profession claims to insure quality control from within, but there is little evidence that it does. Whether the patient likes it or not, the burden of recognizing and avoiding incompetence and inadequate care is at least partly his responsibility. His ability to protect his interests is directly related to his knowledge of health and medical care.

II. Choosing doctors and hospitals.

The Medicine Show is one of the best sources of information in this area.

A. It is important to have a family doctor. He can keep track of overall health and medical histories. He can better provide advice on specialists and hospitals than doctors who do not have an overall view of a situation. An individual usually believes that a family doctor can be trusted, and that he can provide the doctor with the information he needs in order to give adequate care. By no means unimportant is the fact that family doctors

usually try to deserve trust in order to keep dependable patients.

B. There are several ways to find qualified family doctors and specialists. Before moving to a new area, the individual can ask his present doctor for names of competent doctors. Friends, relatives and fellow workers can give suggestions about family doctors. The local hospital can give the names of doctors on its staff as attending physicians. These doctors can usually provide better services than those without such privileges. The individual's family doctor or a nearby medical school or teaching hospital can recommend specialists. Also, the names and qualifications of specialists are found in the Directory of Medical Specialists, which is available in most large libraries.

C. There are several guidelines to help an individual evaluate a doctor and his services. The doctor or his secretary should be willing to discuss fees. The doctor should be willing to explain his findings in simple terms and to answer questions. He should deal with all the individual's concerns as soon as possible. Personality and manner do not determine a doctor's competence, but they can indicate important characteristics. An individual should know what kind of personality and manner make him comfortable and open. Mutual respect and trust are vital for a good doctor/patient relationship.

D. There are several useful criteria for choosing hospitals. Usually, a hospital accredited by the Joint Commission on Accreditation of Hospitals is better than one not accredited. Usually, one associated with a medical school or one that trains medical

personnel is reliable. An individual should remember that ownership of a hospital sometimes influences the care provided. Private, profit-making hospitals are the least consistent in quality and can be very expensive. Public hospitals vary in quality but are often the least expensive and are usually well-inspected and evaluated by authorities. Voluntary, non-profit hospitals are also usually well-inspected and evaluated and are somewhat more consistent in quality.

III. Dealing with medical personnel.

This topic is dealt with in The People's Handbook of Medical Care and in The Consumer's Guide to Good Health.

A. It is usually advisable for an individual to follow the established procedures of the medical facility where he is seeking care. Partly because of the shortage of medical personnel and partly because of the inefficiency of medical procedure, few medical personnel feel they can afford to devote much time to any one patient. Therefore, to get reasonable attention, the individual should try to go along with the normal procedures. If he seems uncooperative, he may be refused care. No doctor can be forced to treat any patient. In fact, many hospitals cannot be forced to accept any patient. Rather than be bothered by a troublesome individual, many medical personnel would suggest that he seek care elsewhere.

B. It is also advisable for the individual to look as if he can pay his bills. If he cannot show proof that the government or an insurance company will pay for the necessary care, he should

look and act as if he has the money to pay. If he looks and acts poor, he could very possibly get no care or minimal care.

C. It helps to be calm, alert and informed. The individual should not be afraid to demonstrate what he knows, as long as he is not rude. Seemingly frightened, ignorant patients can cause problems for themselves and for the medical personnel whose help they need.

D. Within bounds of cooperation and respect, the patient can increase the quality of his care by asking questions and expecting explanations. For instance, if his doctor does not explain what a prescribed drug is for, the patient should ask. Pharmacists are not allowed to provide such information. The patient should also find out what side effects, if any, a medicine might have. In general, the willingness of a patient to insist on explanations is likely to make the doctor more conscientious and to enable the patient to better carry out his part of the treatment. It is in this area that the rights of patients become very important.

IV. Using the rights of patients.

A. Certain rights of patients are guaranteed by the Patients Bill of Rights of the American Hospital Association and by the Standards of Accreditation of the Joint Commission on Accreditation of Hospitals. The individual must use good judgement and tact in trying to have them enforced because these rights are partly the products of public relations efforts. Other rights are guaranteed by court decisions, statutes and regulations. One of the better summaries of these rights can be found in <u>The Rights of the Poor</u>.

The complete Patients Bill of Rights is printed in The Consumer's Guide to Good Health.

B. The relationship between a doctor and his patient is a contract. Once a doctor has agreed to treat a patient, the doctor is obligated to provide proper treatment until his services are no longer needed. He can withdraw from a case only after he has notified the patient that he intends to do so and has allowed the patient ample opportunity to obtain the services of another physician. Malpractice suits are based upon the view that the doctor has not provided the proper care he agreed to provide.

C. Included in the discussion in The Rights of the Poor are the following rights of patients.

1. The patient has the right to be treated with dignity and without discrimination.
2. He has the right not to be transferred against his will to another hospital after he has been admitted to a certain hospital. Sometimes, poor patients are "dumped" onto public hospitals.
3. He has the right to privacy, both in physical terms and in terms of questioning by persons not directly involved in his care.
4. He has the right to confidentiality. Only cases of venereal disease and gunshot wounds can be reported to public authorities without the individual's consent.
5. He has the right to know what is happening to him. This includes what his condition is, what treatment the doctor

recommends and what the chances are that the treatment will work.

6. He has the right to refuse treatment or to stop treatment after it has begun.
7. He has the right to refuse to be used for teaching purposes or for research purposes.
8. He has the right to know how the hospital operates.
9. He has the right to expect reasonable continuity of care.
10. He has the right to examine and receive an explanation of his bill, regardless of the source of payment.
11. He has the right to know what hospital rules and regulations apply to his conduct as a patient.

D. Because of their tentative and relatively unpublicized nature, it is not easy to exercise these rights. Threatening to use them, particularly when the individual is not prepared to follow through, is likely to cause more problems. Demonstrating that he knows what his rights are, whether or not they are supported by the force of law, is the safest way for the individual to insure that those rights are honored. If he feels that his rights have been violated and wants something done about them, he could contact a lawyer, the local Legal Aid Society or other legal service organizations.

Ways to Cut the Cost of Medical Care Received

I. Being open about concern over cost.

A. When an individual is choosing a family doctor, he should understand

that it is entirely appropriate and advisable to ask about fees. If he knows he cannot afford high medical bills, he should consider a doctor who is willing to base fees on the ability to pay. While discussing fees, though, the individual should avoid giving the impression that he will be slow to pay his bills.

B. It is also appropriate and advisable to ask about the necessity and cost of any treatment a doctor recommends. Not only does this allow the individual to plan ahead, but also lets the doctor know that his patient is cost-conscious. As a result, the doctor is less likely to try to overcharge or to provide unnecessary services.

II. Saving on prescription drugs.

This topic is covered well in The New Handbook of Prescription Drugs and in The Medicine Show.

A. Some patients expect to have medicines prescribed. Sometimes, however, prescriptions are not necessary. The patient can reasonably assume that his doctor will prescribe medicine if it will help. A patient has the right to know why his doctor does not prescribe a medicine, just as he has the right to ask the doctor why one is necessary, if it has been prescribed. Many doctors do not voluntarily give such explanations.

B. The individual can save money by asking his doctor to prescribe generic drugs whenever possible. When only a few companies produce and sell a certain drug, they usually have special brand names for it and charge high prices. In many cases drugs without brand names are available cheaply. The cheaper, generic form of a drug

can be indicated in a prescription. If it is not, the pharmacist has to provide the brand requested.

C. It pays to shop around before having a prescription filled, particularly if the medicine will be used over a long period. The prices of drugs vary widely from one store to another. Discount drugstores usually offer the lowest prices.

Ways to Obtain Medical Care when the Individual Cannot Afford to Pay for It

I. Taking advantage of Medicaid and Medicare.

Two of the better descriptions of these programs are in The Rights of the Poor and The Consumer's Guide to Good Health. They are also discussed in Where to Go, Who to See, and What to Do.

A. The ways to apply for coverage under these programs vary. When an individual applies for welfare assistance he automatically applies for Medicaid. Some states also provide Medicaid coverage for needy children under twenty-one who are not normally covered by a welfare assistance program. Other states cover whole families who are needy but not eligible for welfare. Certain other groups are also eligible in several states. Anyone who thinks he might be eligible for Medicaid should contact a local welfare office. Anyone sixty-five or older and eligible for Social Security benefits is automatically eligible for Hospital Insurance under Medicare and should sign up and obtain his card at the local Social Security Office. Medical Insurance under Medicare pays for eighty percent of the charges during a year after the first fifty dollars has

been paid by the individual.

B. Only certain medical services are covered by Medicaid and Medicare. It is wise for an individual to keep a brochure describing the ones for which he is covered. The books listed above also provide helpful information.

C. The portion of a medical bill paid by Medicaid and Medicare varies from one situation to another. For instance, some states require people eligible for Medicaid to make co-payments for medical services received. Also, coverage under Medicaid and under the Medical Insurance of Medicare require the payment of relatively small premiums. It is very important for participants in these programs to get updated information from a welfare or Social Security office. In the Medicare program one problem relating to medical bills is the tendancy of some doctors to charge higher fees than those accepted by Medicare. About all the individual can do to avoid bills he cannot cover is to ask for assurances from his doctor that he will not charge more than the accepted fee.

II. Using public-supported medical care facilities.

Information in this area can be found in The Rights of the Poor and in The People's Handbook of Medical Care.

A. Public hospitals usually take all the patients they can handle and charge according to the ability to pay. It is wise for the individual to investigate local policies and procedures before he or someone in his family suddenly needs immediate care.

B. Non-profit hospitals which have received federal funds for

construction are supposed to provide services for some individuals who cannot pay. Many such hospitals have made little or no effort to comply with the federal law. Therefore, if a public hospital is not nearby, an individual should investigate the possibility of free care or care at reduced rates in a federally-aided hospital.

C. Some communities have neighborhood health centers, either supported by public funds or staffed by volunteers. These centers are designed to provide free or low-cost medical care for the poor. To find out the location of such centers, the individual should contact the local welfare office.

D. Certain medical services, particularly the diagnosis and prevention of diseases, are provided by city and county health departments. It is advisable to get information directly from the local health department regarding the services available and the procedures for obtaining them.

III. Attempting to get services that cost when the individual cannot pay.

A. Sometimes an individual who does not have public or private health insurance cannot find a public facility at which he can receive free care. If an individual in that situation finds himself forced to use private facilities, he should try to look as though he can pay for the services. After care has been provided, it is occasionally possible to obtain reduced rates or to have charges eliminated, if the circumstances seem pressing. However, if an individual looks as if he is unable to pay, he is likely to have to prove his ability to pay before he will receive care. In fact, in many cases, as a matter of routine, the individual has to prove

his ability to pay before he can get medical attention.

B. It is partly to deal with situations such as this that a national health care program is being considered in Congress.

Materials Related to the Topic

There is a noticeable lack of materials on health and medical care suitable for literacy students. Steck-Vaughn deals with important issues in its Family Development Series. Nutrition is one of the topics in the Be Informed Series. Beyond these, the tutor must rely on books designed for the general public.

In a sense, that is not unfortunate. Health and medical care involve complex issues. Simplifying discussions of these issues too much can destroy their value. Also, materials on health and medical topics can become dated rather quickly. If a tutor wants to investigate issues of particular interest to a student, the tutor can go directly to several new books especially well designed to guide discussions.

The People's Handbook of Medical Care is an essential reference both because of the issues it deals with and the way it deals with them. Several family medical encyclopedias are available in paperback to supplement the material in The Handbook. Another indispensible item is The Medicine Show. It is particularly helpful because it discusses the brand names which students would need to recognize to make wise purchases. The Consumer's Guide to Good Health is a valuable general discussion by someone outside the medical professions. Standard

First Aid and Personal Safety is another valuable reference. A discussion of the rights of patients and of medical programs for the poor can be found in The Rights of the Poor. All these materials should be of interest to the tutor and, through him, to the student. Other books dealing with specific topics are described in the reference lists at the end of this Unit.

A representative hospital admission form has been included in this Unit. The form can be used as a resource for teaching vocabulary or as an aid in discussing hospital procedures.

Reading Skill Correlations

The lack of material for poor readers on health and medical care sets limits on what can be done with this topic. Individuals reading at the fifth to sixth grade levels can use the books in the Family Development Series and Health for Happiness, also published by Steck-Vaughn. But a language experience approach will be necessary for working with students at all levels. Issues can be discussed regardless of reading level. The tutor's job will be to determine how much will be dictated as articles by students at different levels. Of course, poorer readers will be expected to dictate and read less and to learn fewer new words than better readers. The result will probably be that better readers will be able to handle more detail and possibly more issues. But all students should increase their understanding of health and medical care enough to

present themselves as calm, alert and informed patients when the need arises.

Language experience articles will necessarily be the main approach for dealing with topics related to health and medical care. Ideas for articles should be easy to find and to develop. The student will very likely want to discuss experiences he has had in this area. Stories growing out of these discussions can serve well to orient the tutor to the interests and needs of the student and can be used to identify words that should be taught. From these introductory discussions, the tutor can move to more structured lessons centered on both general and specific needs of the student.

For instance, the student might have expressed an interest in learning more about ways to deal with pain. Both The People's Handbook of Medical Care and The Medicine Show have excellent discussions of over-the-counter drugs used to relieve pain. Important sections of one or both of these books could be read aloud or described to the student. He could then summarize the important points that he wants to remember. The tutor would write down these comments as a language experience article. This article would be read by the tutor and used for teaching new words. After the student has mastered the article, he could file it for use as a reference.

It is possible that a student will want to learn how to give first aid for poisoning. Either Standard First Aid and Personal Safety or Health, Safety, and Sanitation could be referred to. Again, the tutor could read from one of these books, and the student would summarize the main points. Of course, it would be appropriate for the

tutor to correct misunderstandings and to encourage the student to gain more understanding. But the final summary should be in the student's words. After being used for instruction and after being mastered by the student, this article too could be filed as a reference.

Another language experience activity might center on the rights of patients. Either the outline provided earlier, The Rights of the Poor, or The Consumer's Guide to Good Health could be a guide for discussion. In this case, each right could be discussed separately, and a paraphrasing of it could be offered by the student. These statements of the student would be written as one article to be used for instruction and later saved by the student.

Sample Lesson Activities: Understanding Heart Attacks

Many students will be interested in learning more about what a heart attack is, what the symptoms of heart disease are, what the symptoms of a heart attack are, and what might be done to prevent heart attacks. The suggested lesson activities that follow are for the student who knows the alphabet and has a basic sight vocabulary. He wants to add to that sight vocabulary and learn something about heart attacks in the process.

The tutor could use The People's Handbook of Medical Care, The Family Medical Encyclopedia, or a similar book or even several such books as basic references. Since he would probably be interested in

Tutoring Session Lesson Plan: Understanding Heart Attacks

Goals	Materials	Procedures and Evaluation
To reinforce learning begun during preceding lesson.	List of words introduced or article dictated during preceding lesson.	Have the student say these words and use each orally in a sentence, or have him read the article he dictated.
To express concerns and interests related to health and medical care.		Ask the student if he has thought of additional questions about health and medical care that he would like to discuss
To understand 1) what a heart attack is, 2) what the symptoms of heart disease are, 3) what the symptoms of a heart attack are, and 4) what can be done to help prevent heart attacks.	A good medical handbook such as The People's Handbook of Medical Care.	Read or describe information found in the handbook relating to these four questions.
To dictate summaries of the important information relating to each of these four questions.	Article sheet set up to make a carbon copy.	Have the student dictate a summary after each question has been discussed. Make necessary corrections in information but use the student's words.
To learn unrecognized words used in summaries.	Note cards.	Read the completed article aloud. Have the student try to read it to himself and have him point out the words he does not know. Write each on a note card. Have the student use each word in a sentence. Write the sentences on the back of the cards. Have the student read each sentence aloud. Then check him on recognition of these words.
To begin to learn to read the article.	Dictated article.	Have the student read the dictated article aloud a time or two.
To be prepared to read the article completely.	Copy of the dictated article.	Tell the student to practice the article at home. Suggest that he read it aloud to someone who can help him with the unfamiliar words.
To be prepared to participate in the discussion during the next session.		Tell the student what will be discussed during the next session.

learning more about this topic himself, he would likely be willing to prepare ahead for the sessions. For instance, he might want to mark important passages to read or describe as the informational basis of the lesson.

To begin the tutoring session, he would review with the student the words taught or the article dictated during the preceding meeting. He would ask the student several questions in order to identify topics for future sessions. He would also try to encourage the student to think about ideas dealt with in previous lessons.

The tutor would explain that he is going to read and discuss information about heart attacks found in a medical handbook. He would also make clear that at points in the discussion the student will dictate summary statements of what he considers important facts. The tutor could add that he might correct inaccurate information in the summaries but that the final product will be in the student's own words. The student would know, too, that he will eventually study new words in the summaries and read the whole article himself.

The tutor could begin the discussion with an explanation of what a heart attack is. The main point to bring out is that occasionally an artery which supplies blood to the heart muscle becomes closed for some reason. This causes a portion of the heart to die. The pain that results is the most noticeable part of a heart attack. At this point in the discussion, the tutor could ask if there were any questions. When they had been answered, the student could dictate his summary.

The tutor could then describe symptoms of heart disease which

can alert an individual to the possibility that he will suffer a heart attack. High blood pressure, which can produce frequent nosebleeds and headaches, is often associated with heart disease. Unexplained shortness of breath after only slight exertion can indicate heart trouble. Dizziness, fainting spells, unexplained fatigue and swelling of the ankles are sometimes signs of heart disease. The student should be encouraged to ask further questions and then should dictate his summary.

Then the tutor could describe the pain associated with a heart attack. There is a rather severe, sharp and crushing sensation in the left side of the chest or beneath the breastbone which spreads up to the left shoulder and down the left arm or sometimes up into the neck or jaw. It often appears with shortness of breath, a sense of suffocation, dizziness, nausea or vomiting. This pain does not necessarily mean there has been a heart attack, but a doctor should be consulted immediately. The tutor could point out that in potentially fatal heart attacks the heart and breathing stop. The student could be asked if he would like to learn, at a later session, about the first aid to be used in this situation. The student could then summarize this portion of the discussion.

Finally, the tutor could discuss what an individual can do to cut down the risk of a heart attack. The tutor could point out that people who are very fat, have high blood pressure, have diabetes or are heavy smokers are more likely as a group to have heart attacks than others. Stress and the lack of exercise are less certainly related to heart attacks. There is some evidence that cholesterol

and animal fats are involved in heart disease. The factor related to heart attacks that can most directly be controlled is weight. There are five steps that can be taken to help hold down weight and to decrease the intake of cholesterol. (1) No more than two to three eggs, which are high in cholesterol, should be eaten each week. (2) Visible fat should be cut away from meat and not eaten; chicken and fish, which contain less fat, should replace pork and beef as often as possible. (3) Skim milk, which contains less fat, should replace whole milk. (4) Less cheese and cheese products, which have a high fat content, should be eaten. (5) Items containing a lot of sugar should be avoided. To complete his article, the student would dictate his summary of this portion of the discussion.

The tutor would then read the article aloud with the student following along. Words that the student does not know could be taught as sight words. The student could read the article silently a time or two and get help with unfamiliar words. Then he could read it aloud to the tutor. At some point the tutor might want to include work with word patterns. This article would be kept for further practice. Eventually, it could serve as a reference for the student.

Before ending the session, the tutor would want to remind the student that he will read the article again during the next meeting. If he can find someone to help him, the student might want to practice reading it several times at home. The tutor should also give the student an idea of what will be discussed during the next session. Of course, this would have been determined earlier on the basis of the student's comments.

Ideas for Follow-Up Lesson Activities

During the next session, a discussion about cardiac massage and mouth-to-mouth respiration as a means of helping victims of heart attacks might take place. There could be a lesson on the value of regular exercise with Aerobics as the main reference. In a later session further discussion of low-fat diets could be considered. "Nutrition" in the Be Informed Series deals with both exercise and diet. Similar lessons could be built around cancer, venereal disease, diabetes or tuberculosis. A Surgeon Answers might be helpful in discussing cancer.

Other Resources

Student Materials

Frances Bontr er. Can You Give First Aid? Syracuse: New Readers Press. 969. A short handbook of first aid information, written at the fourth grade level.

Kay Koschnick. "Nutrition," Be Informed Series. Syracuse: New Readers Press, 1973. A comprehensive discussion of nutrition, written at the fourth grade level.

Maxine Philips. "VD: It Could Happen to You." Syracuse: New Readers Press, 1971. A brief discussion of the symptoms, treatment, and prevention of venereal diseases, written at the third grade level.

Stephen Udvari and Janet Laible. Buying Guides. Austin, Texas: Steck-Vaughn Company, 1973. Includes a discussion of balanced diets, written at the fourth to sixth grade level.

Stephen Udvari and Janet Laible. Health, Safety, and Sanitation. Austin, Texas: Steck-Vaughn Company, 1973. A comprehensive handbook of personal health, safety, first aid, and sanitation, written at the fourth to sixth grade level.

R. F. Whaley. Health for Happiness. Austin, Texas: Steck-Vaughn Company, 1966. A discussion of various topics related to health, written at the sixth grade level.

Tutor References

The American National Red Cross. Standard First Aid and Personal Safety. Garden City, N.Y.: Doubleday and Company, Inc., 1973. The standard guide to first aid procedures.

Richard Burack. The New Handbook of Prescription Drugs. New York: Bantam Books, Inc., 1970.

Ernest Callenbach. Living Poor with Style. New York: Bantam Books, Inc., 1972. An excellent summary of infrequently discussed ways of saving money, including ways to stay fit inexpensively.

Charles Cameron. The Truth about Cancer. New York: Macmillan Publishing Company, Inc., 1967.

Kenneth Cooper. Aerobics. New York: Bantam Books, Inc., 1968.

Kenneth Cooper. The New Aerobics. New York: Bantam Books, Inc., 1970.

Mildred Cooper and Kenneth Cooper. Aerobics for Women. New York: Bantam Books, Inc., 1973.

Anthony D'Alonzo. Handbook of Heart Disease, Blood Pressure and Strokes. New York: Macmillan Publishing Company, Inc., 1962.

Adelle Davis. Let's Eat Right to Keep Fit. New York: New American Library, 1970.

Ronald Deutsch. The Family Guide to Better Food and Better Health. New York: Bantam Books, Inc., 1973.

John Dorfman. Consumer Survival Kit. New York: Praeger Publishers, 1975. An adaptation of a television series produced by the Maryland Center for Public Broadcasting, including tips on buying drugs.

Patrick Doyle. Save Your Health and Your Money. New York: Arco Publishing Co., 1971.

A. H. Duncan. Everything You Want to Know about Sleep. New York: Pyramid Publications, 1973.

Editors of Consumer Reports. The Medicine Show. Mount Vernon, N.Y.: Consumers Union, 1974. An excellent guide to some everyday health problems and health products.

Arthur Frank and Stuart Frank. The People's Handbook of Medical Care. New York: Random House, Inc., 1972. An excellent and comprehensive handbook.

Sylvia Law. The Rights of the Poor. New York: Avon Books, 1974. Includes a discussion of the rights of patients and of medical care for the poor.

Richard Mackey. Exercise, Rest and Relaxation. Dubuque, Iowa: William C. Brown Publishing Co., 1970.

Sidney Margolius. The Consumer's Guide to Better Buying. New York: Pocket Books, 1972. Includes a guide to buying medicines.

Simon Podair. The Consumer's Guide to Good Health. New York: Pyramid Publications, 1974. One of the few consumer's guides to medical care.

Robert Rothenberg. What Every Patient Wants to Know. New York: New American Library, 1975. A question-and-answer treatment of medical care.

Clarence Schein. A Surgeon Answers. New York: Warner Books, Inc., 1975. A question-and-answer treatment of surgery.

Justus Schifferes. The Family Medical Encyclopedia. New York: Pocket Books, Inc., 1959. An encyclopedia and dictionary of health and medical care.

Jeanne Stellman and Susan Daum. Work Is Dangerous to Your Health. New York: Random House, Inc., 1973. A handbook dealing with health hazards at work.

SAMPLE COPY

3821272A REV. 5/73

GRADY MEMORIAL HOSPITAL
CASE SUMMARY

CLINIC REPORT NO. XC 21277

	DATE	TIME	AREA	ROOM	BED	SERVICE	ADMITTED BY
ADM.							
TRANS.							
TRANS.							
DISCH.							

MEDICARE NUMBER | MEDICAID NUMBER

NAME: TITLE | FIRST | MIDDLE | LAST | MEDICAL RECORD NO.

STREET | APARTMENT NO. | SOCIAL SECURITY NUMBER

CITY | COUNTY | STREET CODE | STATE | ZIP CODE

MAIDEN NAME | BIRTHPLACE | AGE | BIRTH DATE | RELIGION

MARITAL STATUS AND NAME OF SPOUSE | TRANSPORTATION | HOME PHONE | SEX | PAT. TYPE

BILL TO NAME OR POLICY HOLDER | ADDRESS | OCCUPATION

EMPLOYER OF POLICY HOLDER | ADDRESS | OCCUPATION

FRIEND OR RELATIVE | ADDRESS | ZIP CODE | HOME PHONE

INS. CODE | GROUP NO. | CONTRACT NO. | POLICY NO.

DIAGNOSIS | ADMITTING PHYSICIAN & NUMBER | CHART SEQUENCE | CROSS INDEX

ADMISSION COMMENTS

PRIMARY DIAGNOSIS

AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE GRADY MEMORIAL HOSPITAL TO FURNISH ANY REPRESENTATIVE OF THE _____ INSURANCE COMPANY ANY INFORMATION DESIRED FOR THE COMPLETION OF HOSPITALIZATION CLAIMS.

DATE _____ ,19__ SIGNED _____
PATIENT (PARENT IF MINOR)

AUTHORIZATION TO PAY HOSPITALIZATION & MAJOR MEDICAL BENEFITS: I HEREBY AUTHORIZE PAYMENT DIRECTLY TO GRADY MEMORIAL HOSPITAL OF THE HOSPITALIZATION AND MAJOR MEDICAL BENEFITS OTHERWISE PAYABLE TO ME, BUT NOT TO EXCEED THE HOSPITAL'S REGULAR CHARGES FOR THE PERIOD OF HOSPITALIZATION INDICATED ON THE ATTACHED CLAIM. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR CHARGES NOT COVERED BY THIS AUTHORIZATION.

DATE _____ ,19__ SIGNED _____
(INSURED)

SECONDARY DIAGNOSIS & COMPLICATIONS

PROCEDURES

DISPOSITION | PROGNOSIS

TRANSFUSION REACTION	YES ☐ NO ☐	AUTOPSY	YES ☐ NO ☐	DISCHARGE SUMMARY DICTATED BY:	DATE / NUMBER
HOSPITAL ASSOCIATED INFECTION	YES ☐ NO ☐	DRUG REACTION	YES ☐ NO ☐	COUNTERSIGN PHYSICIAN	DATE / NUMBER

43

CHART COPY

STATEMENT TO PERMIT PAYMENT OF HOSPITAL AND MEDICAL INSURANCE BENEFITS TO HOSPITAL OR MEDICAL FUND.

CERTIFICATION AND RELEASE

I certify that the information given by me in applying for payment under Title XVIII or Title XIX of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf. Should my stay be extensive I hereby elect to use my life time reserve days and understand that this election may be revoked prior to my discharge upon proper written notice to the hospital.

This is to certify that it is agreeable that all of the patient's hospital insurance, voluntary contributions, and part payments shall be assigned to the hospital for services provided and that the hospital is hereby authorized to provide the GEORGIA DEPARTMENT OF PUBLIC HEALTH and its authorized agents with necessary information including medical information.

I authorize payment under the Medical Insurance Program be made directly to the Medical Fund on any unpaid bills for services during the next six months..

_____
(Signature of Patient)

PAYMENT AGREEMENT

I hereby agree to pay all charges incurred in connection with the care and treatment of_____

Usual Signature _____ Relationship_____

Residence-Street _____Telephone_____

City _____County_____ State _____

Employed By_____

Employer's Address_____Telephone_____

_____

AUTHORIZATION OF TREATMENT

1. I, (or_____for_____)
knowing that I, (or_____) am (is) suffering from a condition requiring hospital care do hereby voluntarily consent to such hospital care encompassing routine diagnostic procedures and medical treatment as may be ordered by physicians responsible for my medical care. I consent to treatment by authorized employees of Grady Memorial Hospital and by those members of its Professional Staff who are assigned to my care.

2. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of diagnostic examinations or medical care in the hospital.

3. I understand that students in the teaching programs which utilize the hospital facilities will participate along with the Staff who are directly responsible for my care.

4. This form has been fully explained to me and I certify that I understand its contents.

_____	_____	_____
Witness	Signature of Patient	Date

If patient is unable to consent or is a minor, complete the following:
Patient is a minor_____years of age or is unable to consent because

_____	_____	_____
Witness	Signature of Closest Relative or Legal Guardian	Date

Relationship _____